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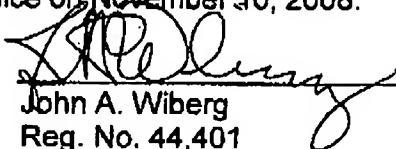
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from:	John A. Wiberg		
date:	November 10, 2008	user ID:	8058
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matter:	17459US03		
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number of pages including cover page:	14		

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John A. Wiberg
Reg. No. 44,401

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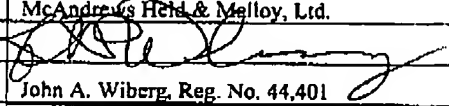
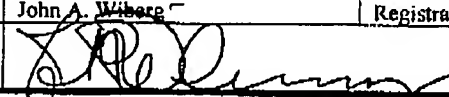
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PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/824,904
		Filing Date	April 14, 2004
		First Named Inventor	Michael C. Lewis
		Art Unit	2173
		Examiner Name	Alvin H. Tan
Total Number of Pages in This Submission	13	Attorney Docket Number	17459US03
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	Remarks
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	John A. Wiberg, Reg. No. 44,401		
Date	November 10, 2008		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to the United States Patent and Trademark Office at (571) 273-8300.			
Name (Print/type)	John A. Wiberg	Registration No. (Attorney/Agent)	44,401
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P.03/14

PTO/SB/17 (07-07)

Approved for use through 6/30/2010. OMB 0651-0032
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Effective on 09/30/2007 Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2008</h3>		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/824,904	Filing Date: April 14, 2004				
TOTAL AMOUNT OF PAYMENT (\$) 490		First Named Inventor: Michael C. Lewis	Examiner Name: Alvin H. Tan				
METHOD OF PAYMENT (check all that apply)		Art Unit: 2173	Attorney Docket No.: 17469US03				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
Fee Description	Small Entity						
	Fee(\$)	Fee(\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	210	105					
Multiple dependent claims	370	185					
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)	
-20 or HP	x	=					
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)				
-3 or HP	x	=					
HP = highest number of independent claims paid for, if greater than 3							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)			
-100	/50	(round up to a whole number)	x	=			
	Fee Paid(\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>Petition for 2 month extension of time</u>	490						

SUBMITTED BY

Signature:	Registration No. (Attorney/Agent): 44,401	Telephone: (312) 775-8000
Name (print/type): <u>John A. Wiberg</u>	Date: <u>November 10, 2008</u>	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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P.04/14

PTO/SB/17 (07-07)

Approved for use through 8/30/2010. OMB 0851-0032

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Effective on 08/30/2007
Fees pursuant to the consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2008****Complete if Known**

Application Number	10824,904
Filing Date	April 14, 2004
First Named Inventor	Michael C. Lewis
Examiner Name	Alvin H. Tan
Art Unit	2173
Attorney Docket No.	17459US03

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 490**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP	x	=	

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee(\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee(\$)</u>	<u>Fee Paid(\$)</u>
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 2 month extension of time

490

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

44,401

Telephone

(312) 775-8000

Name (print/type)

John A. Wiberg

Date

November 10, 2008

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